

III. Family Education Handouts

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A Definition of Addiction

American Society of Addiction Medicine

Addiction is a primary, chronic, neurobiologic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. Addiction is characterized by behaviors that include one or more of the following:

- Impaired control over drug use
- Continued use despite harm
- Compulsive use
- Cravings

From: Graham, A.W.; Schultz, T.K.; Mayo-Smith, M.F.; Ries, R.K.; and Wilford, B.B., eds. *Principles of Addiction Medicine*, Third Edition. Chevy Chase, MD: American Society of Addiction Medicine, Inc., 2003.

Visualization

- Picture a switch or lever in your mind.
- Imagine yourself actually moving it from ON to OFF to stop the drug- or alcohol-using thoughts.
- Have another picture ready to replace the drug- or alcohol-using thoughts.
- Make sure that it is a pleasurable or meaningful thought and does not involve drug or alcohol use.
- If the thought stopping works, but the thought frequently keeps coming back, change your environment or engage in a task that requires your full concentration.

Rubberband Snapping

- “Snap” your attention off thoughts of using drugs or alcohol.
- Simply put a rubberband loosely around your wrist (don’t cut off your circulation!).
- When a craving or using thought occurs, snap the rubberband lightly against your wrist and say “NO” (either aloud or not, depending on the situation) to the drug- or alcohol-using thoughts.
- As with visualization, have another thought ready to replace the drug- and alcohol-using thoughts.
- Keep the rubberband on all the time.

Thought Stopping

Relaxation

- Understand that cravings often create feelings of hollowness, heaviness, and cramping in the stomach. These feelings often can be relieved by breathing in deeply (filling the lungs with air) and slowly breathing out. Do this three times.
- Try to relax your body as much as you can for a few minutes.
- Feel the tightness leave your body.
- Repeat this process whenever the feelings return.

Calling Someone

- Understand that talking to another person provides an outlet for feelings and allows you to “hear” your own thinking process.

How Does Alcohol Work?

Alcohol affects many chemical systems in the brain. A delicate balance exists between chemical systems that stimulate and chemical systems that inhibit, or slow down, functions of the brain and body. Alcohol interferes with and changes this delicate balance.

How Do People Become Dependent on Alcohol?

If people drink alcohol frequently and steadily, their brains adapt over time to the presence of alcohol. They do this by producing naturally stimulating chemicals in larger quantities than normal.

As their brains adapt, people may become dependent on alcohol to maintain a chemical balance. If a person who is dependent on alcohol stops drinking all at once, this high level of stimulating chemicals can cause withdrawal symptoms.

Withdrawal symptoms vary depending on how much alcohol and how long a person has been drinking.

What Are the Symptoms of Withdrawal?

Withdrawal symptoms can include

- Seizures
- Tremors (shakiness)
- Nausea
- Auditory or visual hallucinations (hearing or seeing things that aren't there)
- Insomnia
- Agitation (extreme nervousness and irritability)
- Confusion

Alcohol withdrawal can be life-threatening. Delirium tremens (DTs) is a dangerous withdrawal condition. Without treatment, as many as 1 out of every 20 people who develop its symptoms die.

Symptoms of DTs include

- Rapid heart rate
- Increased body temperature
- Tremors
- Loss of ability to control muscle movement
- Increased blood pressure
- Abnormally fast breathing
- Sweating
- Altered mental status
- Hallucinations
- Cardiovascular collapse

Who Uses Alcohol?

Most people older than 21 can drink moderate amounts of alcohol without developing problems. Moderate drinking means 1 drink per day for women and 2 drinks per day for men. The 2003 National Survey on Drug Use and Health reports that about half of Americans ages 12 and older report drinking alcohol.

The National Institute on Alcohol Abuse and Alcoholism estimates that about 3 in 10 (30 percent) American adults drink at levels that increase their risk for physical, emotional, and social problems. Of these heavy drinkers, about one in four currently has an alcohol abuse or dependence disorder.

In general, more men report being current drinkers than do women: in 2003, 57 percent of men ages 12 and older reported past month alcohol use compared with 43 percent of women.

The rate of alcohol dependence also is lower for women than it is for men. Estimates indicate that about one-third of those dependent on alcohol are women.

The incidence of heavy alcohol use is highest among young adults between ages 21 and 29 and lowest among adults ages 65 and older.

What Are the Immediate Effects of Drinking Alcohol?

When people first begin to drink, they may experience

- Feelings of well-being or euphoria
- Talkativeness and increased sociability
- Lowered inhibitions (people may do or say things they otherwise would not do)

What Happens as People Continue To Drink?

They begin to feel sedated and drowsy and may

- Have trouble with balance
- Experience impaired peripheral vision (the ability to see to the sides)
- Experience delayed reaction time
- Slur their words
- Vomit
- Fall asleep
- Black out and not remember anything that happened for a period while under the influence

How Does Heavy Drinking Affect a Person?

“Heavy” drinking can be defined as binge drinking on five or more occasions in the past month. Binge drinking is drinking five or more drinks on one occasion at least once in the past month. Heavy drinking also can be defined as frequent binge drinking (drinking more than five drinks on one occasion for men and more than four drinks on one occasion for women).

Heavy drinking can cause significant damage to organ systems in the body. When alcohol is consumed, it enters the bloodstream and is distributed throughout the body.

Although heavy drinking is most commonly associated with liver damage, it also can affect the digestive, cardiovascular, immune, endocrine, and nervous systems. Alcohol affects the liver.

- The liver is where alcohol is broken down. A number of the chemicals produced by this process are toxic (poisonous) to the liver itself.
- These poisons add up over time, leading to alcohol-caused liver damage.
- This damage can take the form of either alcoholic hepatitis or cirrhosis (scarring of the liver).
- Often both types of damage exist in the same person.
- Alcohol dependence is the leading cause of liver-related deaths in the United States.
- It is estimated that more than 2 million people experience some form of alcoholic liver disease.

Alcohol affects the digestive system.

- Heavy drinking has been shown to cause chronic inflammation (swelling and irritation) of the esophagus (the passageway to the stomach), which can lead to cancer.
- Enlarged blood vessels in the esophagus (esophageal varices) can be caused by liver disease.
- These blood vessels can rupture; when this happens, it is often fatal.

- Heavy alcohol use also has been linked to pancreatitis (inflammation of the pancreas) and cancers in the throat, colon, and rectum.

Alcohol affects the heart.

- Although moderate alcohol intake has been shown in some studies to be heart protective, heavy alcohol use is associated with serious heart disease because it interferes with the pumping action of the heart, causing irregular and/or weak heartbeats, and causes high blood pressure, which also can increase the risk of stroke.
- Blood platelets, involved in blood clotting, also are damaged, causing an increased risk of bleeding.

Alcohol affects the immune system.

- Alcohol can seriously affect the body's immune system (the system that protects the body from disease) by damaging white and red blood cells.
- People who drink heavily experience more infectious diseases than do people who drink only moderately.
- Alcohol can damage the immune system to a level where it attacks the body. This can result in, or worsen, alcohol-induced organ damage such as liver disease.

Alcohol affects the endocrine system.

- The endocrine system (the hormone-controlling system) can be damaged by long-term alcohol use.

- The balance of the hormones insulin and glucagon, which regulate blood sugar levels, is disrupted; diabetes (high sugar) is common among people who drink heavily.
- Drinking alcohol can alter the release of reproductive hormones, growth hormone, and testosterone.
- The effects of alcohol on hormone systems include decreased testicle and ovary size and disrupted sperm and egg production.
- Alcohol-induced changes in hormones can hurt sexual function in both men and women.

Alcohol damages the nervous system.

- Heavy use of alcohol may damage the nervous system. This damage may include
 - Peripheral neuropathy, resulting in numbness and tingling in the legs, arms, and/or hands
 - Wernicke's syndrome, resulting in disordered eye movements, very poor balance, and difficulty walking
 - Korsakoff's syndrome, resulting in severely affected memory, preventing new learning from taking place
- In addition to these nervous system disorders, most people who drink heavily have some loss of mental function, reduced brain size, and changes in the function of brain cells.

Drinking can cause behavioral and physical problems.

- Alcohol use is associated with domestic violence, child abuse, and assault.
- Use is associated with all types of accidents.
- The more heavily a person drinks, the greater the potential for problems at home, at work, with friends, and even with strangers. These problems may include
 - Arguments with or separation from spouse and other family members
 - Strained relationships with colleagues
 - Absence from or lateness to work with increasing frequency
 - Loss of employment because of decreased productivity
 - Committing or being the victim of violence
 - Auto crashes and/or arrests for driving under the influence

Does Alcohol Affect Men and Women in the Same Way?

Drinking, even in small amounts, affects women differently than it affects men.

- Women develop alcoholic liver disease more quickly and after drinking less alcohol than men do. Women are more likely than men to develop alcoholic hepatitis (liver inflammation) and to die from cirrhosis.
- Women are more likely than men to get alcohol-induced brain damage.
- Among people who drink heavily, men and women have similar rates of alcohol-related heart disease, even though women drink less alcohol over a lifetime than men do.

For some women, as little as one drink per day can slightly raise the risk of breast cancer.

What About Drinking and Pregnancy?

A woman who drinks when she is pregnant puts her baby at risk of serious problems. Babies born to mothers who drank during pregnancy may have mental retardation or other learning and behavioral problems. The most serious risk is fetal alcohol spectrum disorders (FASD). FASD is the leading known cause of preventable mental retardation in the United States.

Although the effects of FASD vary, children with the syndrome can have cognitive and behavioral problems. Behavioral and neurological problems associated with FASD may lead to poor academic performance as well as legal and employment difficulties in adolescence and adulthood.

Children with severe FASD usually have distinctive facial and head features, such as

- Skin folds at the corner of the eyes
- A low nasal bridge
- A short nose
- An indistinct groove between the nose and upper lip
- A small head circumference
- A small eye opening
- A small midface
- A thin upper lip

**RESEARCH HAS NOT FOUND
ANY AMOUNT OF ALCOHOL TO
BE SAFE DURING PREGNANCY.**

Guidelines for Graduate Panel Participants

Congratulations! Being invited to be on the Recovery Panel means that you are making progress in recovery and can help guide others. It is helpful for clients (and their family members) who are in the first months of treatment to hear your success story. This experience also may help *you*, by giving you an opportunity to tell your story and view your experience from a different perspective. Many people find that being a panel member gives them renewed confidence and assurance about themselves and their recovery.

You and three or four other participants will take turns sharing your treatment and recovery stories at a Family Education group session on _____ at _____ p.m. You will have about 10 minutes to speak. When you have finished sharing, group participants will have an opportunity to ask you questions. Please answer questions as directly as you can. If a question makes you feel uncomfortable, please feel free to tell the person asking the question that you're not comfortable answering.

When thinking about what you want to share with the group, use the questions below to help you organize your thoughts:

- What effects has your substance use disorder had on your life?
- How did you get involved in treatment?
- What feelings do you remember having during the first few weeks and months of treatment?
- What experiences, activities, and behaviors have been most helpful in recovery?
- What do you think you could have done differently?
- What role does AA/NA or other 12-Step or mutual-help group have in your life today?

Guidelines for Graduate Panel Participants

- If you have a 12-Step sponsor, how did you go about selecting that person?
- What do you wish you had known in the first few weeks and months of treatment?

Remember:

- Your story will be more powerful if you are open and honest about your feelings.
- You should avoid telling others what to do. They will learn best from hearing you relate your experiences and emotions.

Thank you for participating!

Guidelines for Family Member Panel Participants

Congratulations! Being invited to be on the Recovery Panel means that your family is making good progress in recovery. It is helpful for clients and their family members who are in the first months of treatment to hear your success story. This experience also may help *you*, by giving you an opportunity to tell your story and view your experience from a different perspective. Many people find that being a panel member gives them renewed confidence and assurance about themselves and their recovery.

You and three or four other participants will take turns sharing your treatment and recovery stories at a Family Education group session on _____ at _____ p.m. You will have about 10 minutes to speak. When you have finished sharing, group participants will have an opportunity to ask you questions. Please answer questions as directly as you can. If a question makes you feel uncomfortable, please feel free to tell the person asking the question that you're not comfortable answering.

When thinking about what you want to share with the group, use the questions below to help you organize your thoughts:

- What effects has your family member's substance use disorder had on your life?
- What behaviors did you use to try to cope with your family member's use?
- What appeared to help during this time?
- What do you think you could have done differently?
- What feelings do you remember having during the first few weeks and months of your family member's treatment?

Guidelines for Family Member Panel Participants

- What experiences, activities, and behaviors have been most helpful in recovery?
- What role does Al-Anon/Alateen or other 12-Step or mutual-help group have in your life today?
- If you have a 12-Step sponsor, how did you go about selecting that person?
- What do you wish you had known in the first few weeks and months of your family member's treatment?

Remember:

- Your story will be more powerful if you are open and honest about your feelings.
- You should avoid telling others what to do. They will learn best from hearing you relate your experiences and emotions.

Thank you for participating!

Guidelines for Recovery Panel Participants

Thank you for agreeing to participate on this Family Education Group Recovery Panel. It is helpful for our clients (and their significant others) who are in the first months of treatment to hear your success story.

You will have about 10 minutes to speak. When you have finished sharing, group participants will have an opportunity to ask you questions. Please answer questions as directly as you can. If a question makes you feel uncomfortable, please feel free to tell the person asking the question that you're not comfortable answering.

When thinking about what you want to share with the group, use the questions below to help you organize your thoughts:

- What effects has your substance use disorder had on your life?
- How did you get involved in treatment (or in AA/NA)?
- What feelings do you remember having during the first few weeks and months of recovery?
- What experiences, activities, and behaviors have been most helpful in recovery?
- What do you think you could have done differently?
- What role does AA/NA have in your life today?
- If you have a 12-Step sponsor, how did you go about selecting that person?
- What do you wish you had known in the first few weeks and months of your recovery?

Remember:

- Your story will be more powerful if you are open and honest about your feelings.
- You should avoid telling others what to do. They will learn best from hearing you relate your own experiences and emotions.

Thanks again.

Fact Sheet: Methamphetamine

What Is Methamphetamine?

Methamphetamine is a powerful stimulant drug that is manufactured from several chemicals.

Methamphetamine (meth) is known on the street as

- Ice
- Glass
- Crank
- Crystal
- Speed
- Chalk
- Tweak

How Many People Use Methamphetamine?

The number of people using meth more than doubled between 1994 and 2000.

The 2004 National Survey on Drug Use and Health estimated that 12 million people ages 12 and older had used meth at least once in their lifetime.

Some evidence shows that meth use has stabilized. The number of people using meth and the number of people trying it for the first time remained constant in 2002, 2003, and 2004. From 2002 to 2004, the average age of first use increased by more than 3 years, from 18.9 years to 22.1 years.

Who Uses Methamphetamine?

Although the overall rate of meth use may be going down, use remains a big problem and actually is increasing among certain populations. Once confined to certain areas of the country, like Hawaii and west coast cities, meth use has now spread throughout the country.

People who use meth have traditionally been Caucasian, male, blue-collar workers. Meth use soon spread to the party and club scene (raves, etc.).

Fact Sheet: Methamphetamine

Meth use is increasing among Hispanics and young people who are homeless.

Use among women also has increased. More women use meth than use cocaine or heroin; near-equal numbers of men and women now use the drug.

Meth is used increasingly in the workplace; it has long been used by long-haul truck drivers, but use is spreading on construction sites and in manufacturing. There also is more meth use among people in the entertainment, sales, retail, and legal professions.

What Are the Effects of Meth?

The immediate *psychological* effects of methamphetamine include

- Euphoria
- Alertness or wakefulness
- Feelings of increased strength and renewed energy
- Feelings of invulnerability (feeling that nothing bad can happen to you)
- Feelings of increased confidence and competence
- Intensified feelings of sexual desire
- Decreased feelings of boredom, loneliness, and shyness

The immediate *physical* effects of methamphetamine include

- Increased
 - Heart rate
 - Pupil size
 - Sensitivity to sound and stimulation
 - Blood pressure
 - Breathing rate
 - Body temperature

Fact Sheet: Methamphetamine

- Decreased
 - Appetite
 - Sleep
 - Reaction time

Chronic *psychological* effects (“chronic” means that these effects may begin later in a person’s use cycle and last a long time) of meth use include

- Confusion
- Loss of ability to concentrate and organize information
- Loss of ability to feel pleasure without the drug
- Paranoia
- Insomnia and fatigue
- Mood swings
- Irritability and anger
- Depression
- Anxiety and panic disorder
- Reckless, unprotected sexual behavior
- *Tactile* hallucinations (the person feels as if things are crawling on him or her) or *auditory* hallucinations (the person hears things that aren’t there)
- Severe depression that can lead to suicidal thoughts or attempts
- Episodes of sudden, violent behavior
- Severe memory loss that may be permanent

Fact Sheet: Methamphetamine

Chronic *physical* effects of use include

- Tremor (shakiness)
- Weakness
- Dry mouth
- Weight loss and malnutrition
- Increased sweating
- Oily skin
- Sores caused by oily skin and by the person picking at his or her skin, a common effect of meth use
- Headaches
- Severe problems with teeth and gums caused by teeth grinding, decreased blood flow to the mouth, and decreased saliva
- Seizures
- Damage to small blood vessels in the brain, which can lead to stroke
- Damaged brain cells
- Irregular heartbeat that can cause sudden death
- Heart attack or chronic heart problems, including the breaking down of the heart muscle
- Kidney failure
- Liver failure
- “Tweaking,” movements that a person can’t control that are repeated regularly
- Infected skin sores that can cause severe scarring

Fact Sheet: Methamphetamine

The ways in which a person can take meth create special problems.

Injecting meth can cause

- Blood clots
- Skin abscesses
- HIV, tuberculosis, or hepatitis C virus exposure from sharing needles and other works or from unprotected sex
- Heart inflammation
- Pneumonia
- Kidney failure

Snorting meth can cause

- Sinus infection
- Holes in the septum, the cartilage between nostrils
- Nosebleeds
- Hoarseness

Smoking meth can cause

- Throat problems
- Burned lips
- Lung congestion
- Severe coughing with black mucus
- Chronic lung disease

What About Using Meth During Pregnancy?

A woman who uses meth while she is pregnant may harm her fetus.

Fetuses of mothers who use meth are at higher risk of having a stroke or brain hemorrhage, often causing death, before delivery. Meth use during pregnancy also can cause premature birth.

Fact Sheet: Methamphetamine

Fetuses also may be exposed to HIV or hepatitis if the mother is infected with these viruses.

Babies of mothers who used meth during pregnancy may have

- Abnormal reflexes
- Extreme irritability
- Trouble eating and digesting food

In What Other Ways Can Children Be Affected by Meth?

Meth labs are sometimes located in homes with children. Meth labs are dangerous places for children *and* adults for many reasons:

- Fires, explosions, chemical spills, and toxic fumes are common.
- The chemicals used to make meth give off fumes that are strong enough to burn lungs; can damage the brain, kidneys, or liver; and even can be fatal.

In 2001, 700 children who were present in meth labs tested positive for toxic chemicals.

What Other Problems Do Meth Labs Cause?

Toxic fumes released from the chemicals used to make meth go into the walls and carpets and remain there for a very long time, putting everyone in the house at risk. Even people moving into a home that once housed a meth lab are at risk.

Making meth creates solid waste; for every pound of meth produced, 5 to 6 pounds of toxic waste are created and are usually dumped on the ground, dumped into local waterways, or flushed into sewer or septic systems, contaminating the surrounding area.

What Is Cocaine?

Cocaine is a powerful stimulant drug made from the leaves of the coca plant. Powdered cocaine (cocaine hydrochloride, a salt) is known on the street as

- Coke
- Flake
- Snow
- Blow

Crack cocaine is cocaine that has been processed from cocaine hydrochloride into a rock crystal form that can be smoked. It gets its name from the cracking sound it makes when heated.

Crack is sometimes called “rock” or “freebase.”

How Many People Use Cocaine?

The 2004 National Survey on Drug Use and Health estimated that nearly 34 million Americans have used cocaine at some time in their lives.

The same survey estimated the following:

- About 2 million people in the United States currently use cocaine.
- Some 2.5 percent of young people ages 12 to 17 reported that they had used cocaine at least one time.
- Among young adults ages 18 to 25, 16 percent reported using cocaine at least one time.

Who Uses Cocaine?

Adults 18 to 25 years old have a higher rate of current cocaine use than those in any other age group. Overall, men have a higher rate of current cocaine use than do women.

What Are the Effects of Cocaine?

The immediate *psychological* effects of cocaine are similar to those of meth and include

- Euphoria
- Increased energy
- Increased talkativeness
- Increased sensitivity to sensations of sight, sound, and touch
- Increased mental alertness
- Increased confidence
- Increased feelings of sexual desire

The immediate *physical* effects of cocaine include

- Constricted blood vessels
- Dilated pupils
- Increased heart rate
- Increased temperature
- Increased blood pressure
- Decreased appetite
- Decreased sleep

In rare instances, sudden death can occur with cocaine use, even the first time someone uses the drug.

Drinking alcohol with cocaine increases this risk. The liver combines cocaine and alcohol and manufactures a third substance, cocaethylene. Cocaethylene intensifies cocaine's euphoric effects while increasing the risk of sudden death.

Chronic *psychological* effects of cocaine use include

- Irritability
- Depression
- Increasing restlessness
- Paranoia
- Paranoid psychosis with auditory hallucinations

Fact Sheet: Cocaine

- Bizarre and/or violent behavior (with high doses)
- Damaged ability to feel pleasure without the drug
- Exposure to HIV or the hepatitis C virus through reckless, unprotected sex

Chronic *physical* effects of meth use include

- Disturbances in heart rhythm
- Heart attacks
- Chest pain
- Bronchitis and pneumonia
- Respiratory failure
- Strokes
- Seizures
- Headaches

In addition, loss of appetite over time can lead to significant weight loss and malnutrition.

As with meth, the way in which cocaine is used may cause particular problems.

People who regularly *inject* cocaine may experience

- Abscesses (infected sores) at injection sites
- Serious allergic reactions
- Exposure to HIV and hepatitis C virus

Regularly *snorting* cocaine can lead to

- Loss of sense of smell
- Problems with swallowing
- Overall irritation of the nasal septum leading to a chronically inflamed, runny nose

Fact Sheet: Cocaine

- Nosebleeds
- Hoarseness
- Holes in the septum, the cartilage between nostrils

Smoking crack cocaine can lead to the same problems as smoking meth:

- Throat problems
- Severe coughing
- Burned lips
- Chronic lung disease
- Lung congestion

What About Using Cocaine During Pregnancy?

Babies born to mothers who used cocaine during pregnancy may

- Be born prematurely
- Have smaller heads
- Have low birth weights
- Be shorter in length

Babies also may be exposed to HIV or hepatitis if the mother is infected with these viruses.

Fetal cocaine exposure does not seem to cause as serious and long-lasting problems as was once thought.

However, as cocaine-exposed children grow up, they may have subtle, yet significant, problems later in life in areas that are important for success in school, such as

- Paying attention to tasks
- Learning new information
- Thinking things through

Daily/Hourly Schedule

Date: _____

7:00 AM _____

How many hours will you sleep? _____

8:00 AM _____

From _____ To _____

9:00 AM _____



Notes: _____

10:00 AM _____

11:00 AM _____

12:00 PM _____

1:00 PM _____

2:00 PM _____

3:00 PM _____

4:00 PM _____



Reminders: _____

5:00 PM _____

6:00 PM _____

7:00 PM _____

8:00 PM _____

9:00 PM _____

10:00 PM _____

11:00 PM _____

Once people decide not to use drugs anymore, how do they end up using again? Do relapses happen completely by accident? Or are there warning signs and ways to avoid relapse?

Relapse justification is a process that happens in people's minds. A person may have decided to stop using, but the person's brain is still healing and still feels the need for the substances. The addicted brain invents excuses that allow the person in recovery to edge close enough to relapse situations that accidents can and do happen.

It is important that people in recovery and their family members learn to identify relapse justifications quickly. Review this handout for examples that may help you recognize a justification for what it is.

Other People Made Me Do It

- My wife used so . . .
- I was doing fine until he brought home . . .
- I went to the beach with my sister and . . .
- My brother came over for dinner and brought some . . .
- I wanted to see my friend just once more, and he offered me some . . .

I Needed It for a Specific Purpose

- I was getting fat again and needed to control my weight, so I . . .
- I couldn't get the energy I needed without . . .
- I can't have fun without . . .
- Life is too boring without . . .
- I can't be comfortable in social situations or meet people without . . .

I Was Testing Myself

- I wanted to see whether it would “work better” now that I’ve been clean awhile.
- I wanted to see my friends again, and I’m stronger now.
- I needed a little money and thought I could sell a little without using.
- I wanted to see whether I could use just a little and no more.
- I wanted to see whether I could be around it and say no.
- I thought I could drink without using . . .

It Wasn’t My Fault

- It was right before my period, and I was depressed.
- I had an argument with my spouse.
- My parents were bugging me.
- My partner was intimate with another person.
- The weather was gloomy.
- I was only going to take a hit and . . .

It Was an Accident

- I was in a bar, and someone offered me some meth.
- I was at work, and someone offered . . .
- I found some in my car.
- I went to a movie about . . .

- A friend called to see how I was doing. We were talking and decided to get together.

I Felt Bad

- Life is so boring I may as well use.
- I was feeling depressed so . . .
- My job wasn't going well, and I was frustrated so . . .
- I was feeling sorry for myself, so I . . .
- Recovery is just too hard.

FE 6A

Coping With the Possibility of Relapse

For the Person in Recovery

The possibility of relapse is a reality of recovery, and it is normal for both people in recovery and family members to fear it. Some people would rather not think about the possibility. However, considering how you and your family would handle a relapse can prepare you to cope with it and can minimize both the duration of the relapse and its effect on your family.

Think about each question below, and answer it as honestly as you can. These questions are to guide the group's discussion; we will not see your answers unless you want us to. However, when group members share their thoughts with one another, all members hear new ideas and insights and feel supported and less alone.

What are your biggest fears about a relapse?

If a relapse occurs, what feelings do you think you might experience?

If you experience a relapse, what could your family members do or say that would help you get back on track quickly?

What steps are you taking to avoid a relapse?

FE 6B

Coping With the Possibility of Relapse

For Family Members of the Person in Recovery

The possibility of relapse is a reality of recovery, and it is normal for both people in recovery and family members to fear it. Some people would rather not think about the possibility. However, considering how you and your family would handle a relapse can prepare you to cope with it and can minimize both the duration of the relapse and its effect on your family.

Think about each question below, and answer it as honestly as you can. These questions are to guide the group's discussion; we will not see your answers unless you want us to. However, when group members share their thoughts with one another, all members can hear new ideas and insights and feel supported and less alone.

What are your biggest fears about a relapse?

If a relapse occurs, what feelings do you think you might experience?

If your family member has relapsed in the past, what did you do to try to cope with the situation?

What helped you the most? (If your family member has not experienced a relapse, what do you *think* would help you cope?)

Family Members and Recovery

Things to remember:

- You are participating in treatment for **yourself**, not just for the sake of the person who used substances.
- Your loved one's recovery, sobriety, or abstinence does not depend on you.
- Your family's recovery does not depend on the recovery of the person who used substances.
- You did not cause your family member's substance use disorder. It is not your fault.
- Relapse does happen, but people *do* get back into recovery.
- You can support your family member in recovery, but you are not responsible for maintaining his or her recovery. The person in recovery is responsible for recognizing relapse warning signs and making necessary adjustments.
- Although it is important that you support your family member in recovery, it is equally important that you take good care of yourself, emotionally and physically.
- If your family member relapses, it is especially important that you continue to take care of yourself. Listed below are some ways to do this:
 - Continue to attend 12-Step or mutual-help group meetings.
 - Visit your church, mosque, synagogue, temple, or other spiritual organization for support.
 - Talk to your family member in recovery about your feelings and concerns.
 - Continue to participate in leisure and social activities or hobbies you enjoy.
 - Exercise regularly.
 - Seek counseling for yourself if you feel it could help your personal growth.
 - Eat well.
 - Get enough sleep.
 - Talk to supportive friends and relatives.

What Are Opioids?

- Opioids are a group of drugs that act on the opiate receptors in the brain.
- There are natural opioids that come from poppy plants (e.g., morphine and heroin) and synthetic opioids (e.g., oxycodone and meperidine). Both kinds of opioids have similar effects.

What Effects Do Opioids Have?

- The physical signs of opioid use are constricted pupils, flushed skin, and a heavy feeling in the limbs. People on heroin are said to be “nodding” because they look sleepy.
- After the euphoric rush of opioid use, there is a drowsy state. Breathing and heart rate slow. Headaches and dizziness are common.

What Is Opioid Tolerance?

- As people continue to use opioids, they need larger and larger doses to get high. This is called “tolerance.”
- Eventually, a person’s tolerance for opioids means that the drug is taken mainly to prevent withdrawal, not to get high.

What Is Opioid Dependence? What Is Opioid Addiction?

- People who take opioids that have been prescribed rarely become addicted.
- With long-term use, though, people who take medication as prescribed can become dependent on opioids.

Fact Sheet: Opioids

- People who are dependent on opioid pain medication must stop taking it gradually or they will go through withdrawal.
- Addiction means that a person is physically dependent on opioids but also has a compulsive urge to take the drug, even if it is harmful.

What Is Opioid Withdrawal?

- Withdrawal happens when a person who is physically dependent on or addicted to an opioid stops taking the drug suddenly.
- Symptoms of withdrawal include restlessness, severe muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes, and goose bumps (going “cold turkey”).
- Withdrawal can take up to a week to run its course.

What Are Prescription Opioids?

- The main prescription opioids are codeine, oxycodone (OxyContin®, Percodan®, Percocet®, Tylox®), hydrocodone (Vicodin®), meperidine (Demerol®), and hydromorphone (Dilaudid®).

Who Abuses OxyContin?

- In 2003, nearly 3 million people older than 12 years abused OxyContin, the most potent prescription opioid available.
- Most of those who abuse OxyContin are older than 30, but 5 percent of high school seniors say they have used it.
- To obtain OxyContin, people pretend to be in pain, forge prescriptions, and rob pharmacies.

What Are the Dangers of OxyContin Abuse?

- People crush the tablets and then eat, snort, or inject (after mixing with water) the substance. When OxyContin is taken in this form, the risk of dangerously slow breathing, heart attack, and overdose is increased.
- Injecting a mixture of crushed tablets and water exposes the person to diseases such as hepatitis and HIV/AIDS that are linked with dirty needles.
- OxyContin is highly addictive when it is abused.

What Is Heroin?

- Heroin is powerful narcotic pain reliever made from morphine, which comes from poppy plants.
- Pure heroin is a white powder. Heroin purchased on the street varies in color from white to dark brown and usually is mixed with other substances such as sugar, powdered milk, starch, or poisons such as strychnine.
- Heroin is known by many street names, including smack, horse, big H, junk, dope, skag, and poison.

Who Uses Heroin?

- Some 1.6 percent of people 12 years and older have used heroin. More than 3.1 percent of high school students have used heroin.
- Most people who use heroin are Caucasian males older than 30 who live in cities or towns. But the age at which people start using heroin dropped from the middle twenties in 1990 to the early twenties in 2000.

What Are the Dangers of Using Heroin?

- Because the purity of heroin varies, accidental overdose is a real danger.
- Heroin is connected with 15 percent of all visits to emergency rooms in the United States.
- Most people who regularly use heroin inject it. Injection drug use is a factor in one-third of all HIV cases and more than one-half of all hepatitis C cases in the United States.
- Injecting heroin can cause collapsed veins, clogged blood vessels, bacterial infections of the heart and blood vessels, pneumonia, tuberculosis, and liver or kidney disease.

What Are Club Drugs and Who Uses Them?

- Club drugs include substances such as GHB, Rohypnol, ketamine, LSD, and ecstasy that are often used at parties or dance clubs. Many people wrongly assume that these drugs are safe.
- Most people who use club drugs are younger than 30 and Caucasian. High school and college students show highest levels of use.

What Is GHB?

- GHB was once used as anesthetic. It produces euphoria and hallucinations.
- Now, GHB is banned and is manufactured in illegal labs.
- At clubs, GHB often is sold in liquid form from a water or sports drink bottle, by the capful.
- GHB is known by the street names liquid ecstasy, soap, easy lay, vita-G, and Georgia home boy.

Who Uses GHB?

- Some 2 percent of high school seniors used GHB at least once in 2004.

What Are the Effects of GHB?

- At low doses, people experience loss of balance and coordination and lowered breathing and heart rate.
- At higher doses, GHB can cause comas. Since 1990, 70 people have died from GHB overdoses.

What Is Rohypnol?

- Rohypnol is the trade name of a drug that is legal in Mexico and Europe, where it is used to treat people who have trouble sleeping. Rohypnol has never been legal in the United States.
- Rohypnol tablets often are sold in their original packaging, which can make people think the drug is legal.
- Rohypnol is a depressant like Halcyon, Xanax, and Valium, but it is many times stronger.
- Rohypnol is known by the street names roofies, rophies, roche, rope, and the forget-me pill.

Who Uses Rohypnol?

- About 1.6 percent of high school seniors used Rohypnol at least once in 2004.
- Rohypnol is popular with youth because it is cheaper than other club drugs.

What Are the Effects of Rohypnol?

- The first effects of Rohypnol are relaxed muscles and drowsiness. Later effects include decreased blood pressure, slurred speech, impaired judgment, and difficulty walking.
- Rohypnol can cause headaches, nightmares, tremors, muscle pain, digestive problems, aggressive behavior, and blackouts that can last 24 hours.

What Is Ketamine?

- Ketamine is an anesthetic first used on battlefields because of its fast action; today it is used almost exclusively by veterinarians. Veterinary clinics are robbed specifically for ketamine.
- Ketamine is known by the street names special K, vitamin K, kit kat, super acid, and jet.

Who Uses Ketamine?

- About 1.9 percent of high school seniors used ketamine at least once in 2004.

What Are the Effects of Ketamine?

- At low doses, ketamine causes slurred speech, increased heart rate and blood pressure, impaired coordination, muscle stiffness, vomiting, and convulsions.
- High doses of ketamine can lead to a near total shutdown of a person's senses. This experience is known as the K-hole.
- At high doses, ketamine can cause heart attack, stroke, coma, and death.

What Are “Date Rape Drugs”?

- Date rape drugs are drugs such as GHB, Rohypnol, and ketamine that can make people confused and helpless, leaving them vulnerable to crime, especially rape.

Fact Sheet: Club Drugs

- Because Rohypnol impairs memory, people may not remember what happens to them after they take it.
- Newer Rohypnol tablets turn blue in a drink to increase visibility and decrease its use as a date rape drug.

What Is LSD?

- LSD is a powerful mood- and perception-altering drug.
- LSD alters people's moods and how they perceive the world; it can cause powerful hallucinations.
- LSD is known by the street names acid, blotter acid, battery acid, window pane, microdot, sunshine, and zen.

Who Uses LSD?

- Some 10 percent of people 12 and older have tried LSD; 0.2 percent used LSD at least once in 2003.
- In 2004, 2.2 percent of high school seniors reported using LSD at least once.

What Are the Effects of LSD?

- At low doses, LSD produces rapid emotional swings and heightened sensations.
- At high doses, LSD induces distortions of perception: shapes change, time slows down, and sensations seem to blend.
- LSD hallucinations can cause confusion, panic, and fear.

- One of the most dangerous aspects of LSD is that it is unpredictable. Its effects depend on the dose, the mood of the person taking it, and the environment in which it's taken.
- People who are experiencing LSD hallucinations have had fatal accidents.
- People who use LSD regularly are prone to flashbacks in which they suddenly experience hallucinations without having taken the drug.
- LSD may contribute to serious mental illness, such as long-term depression or schizophrenia.

What Is Ecstasy (MDMA)?

- Pure ecstasy is a white powder, but it can be combined with other drugs or substances before it is sold, usually in pill form.
- Ecstasy is the drug's main street name, but it is also known as XTC, X, E, Adam, clarity, hug drug, and love drug.
- Because ecstasy increases feelings of well-being and tolerance for others, many people mistakenly consider it a harmless drug.

Who Uses Ecstasy?

- Nearly 5 percent of people 12 and older have tried ecstasy; 1 percent used it at least once in 2003.
- About 4 percent of high school seniors used ecstasy at least once in 2004; this number appears to be decreasing.

What Are the Effects of Ecstasy?

- Ecstasy can raise the body temperature to dangerous levels (as high as 109 degrees); these high fevers lead to dehydration, which has killed people on ecstasy.
- Because dehydration is a known risk, people who have taken ecstasy sometimes drink too much water, which can lead to a dangerous and potentially fatal condition called hyponatremia.
- Ecstasy is neurotoxic—it kills nerve cells in the brain. Studies in rats and monkeys have shown that even a few doses of ecstasy cause damage that is not repaired 7 years later.

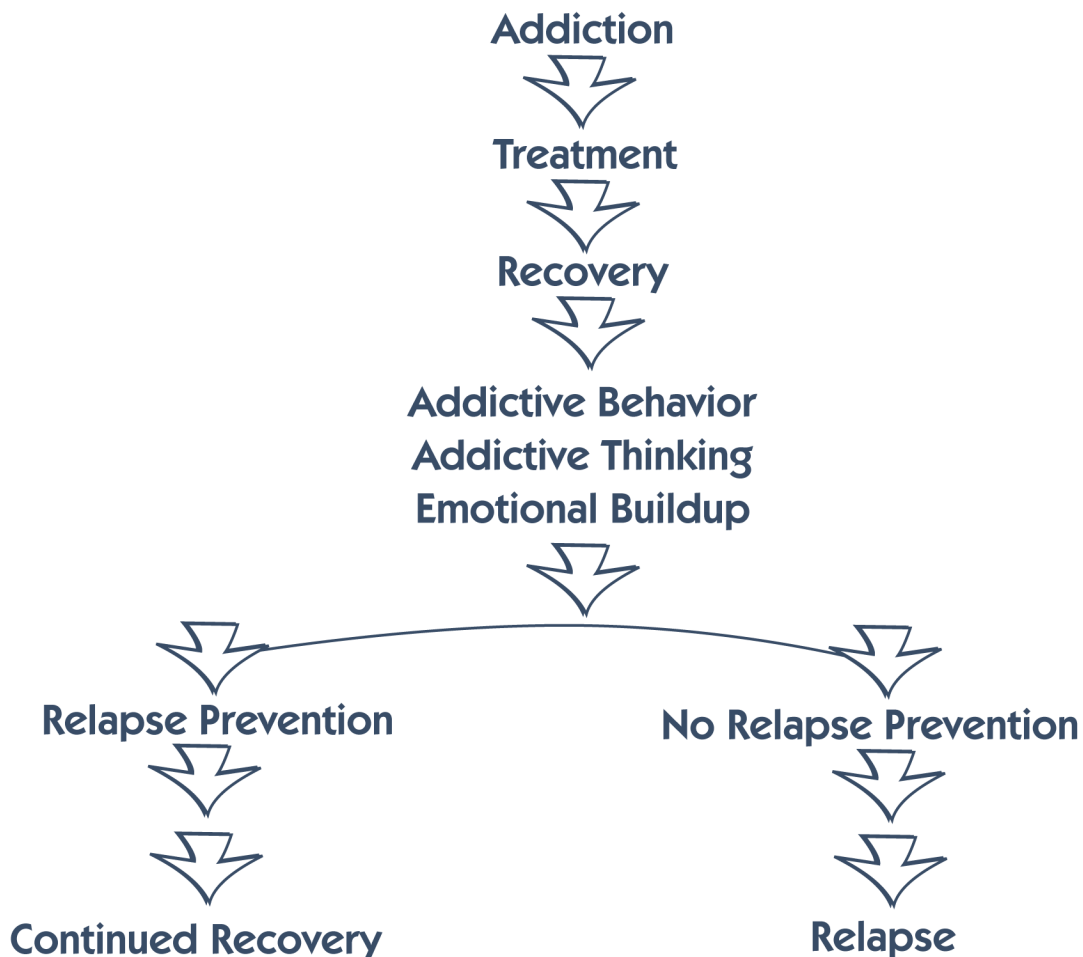
Anticipating and Preventing Relapse

Why Is Relapse Prevention Important?

Recovery is more than not using drugs and alcohol. The first step in treatment is stopping drug and alcohol use. The next step is not starting again. This is very important. The process for doing it is called *relapse prevention*.

What Is Relapse?

Relapse means going back to substance use and to all the behaviors that come with it. Often the behaviors return before the substance use. The behaviors can be an early warning of relapse. Learning to recognize the beginning of a relapse can help people in recovery stop the process before they start using again.



What Are Addictive Behaviors?

The things people do as part of abusing drugs or alcohol are called addictive behaviors. Often these are things that people who are addicted do to get drugs or alcohol, to cover up substance abuse, or as part of abusing. Lying, stealing, being unreliable, and acting compulsively are types of addictive behaviors. When these behaviors reappear, people in recovery should be alerted that relapse will soon follow if they do not take action.

What Is Addictive Thinking?

Addictive thinking means having thoughts that make substance use seem OK. (In 12-Step programs this is known as “stinking thinking.”) Some examples of addictive thinking by a person in recovery are the following:

- I can handle just one drink.
- If they think I’m using, I might as well.
- I have worked hard. I need a break.

What Is Emotional Buildup?

Feelings that don’t seem to go away and just keep getting stronger cause emotional buildup. Sometimes the feelings seem unbearable. Some feelings that can build during recovery are boredom, anxiety, sexual frustration, irritability, and depression.

Take Action

The important step is to *take action* as soon as danger signs appear. Families can help the person in recovery in two ways. First, they can look out for danger signs. Second, they can provide support when their loved one takes the following actions:

- Calling a counselor
- Calling a friend

Anticipating and Preventing Relapse

- Going to a 12-Step or mutual-help support meeting
- Contacting a 12-Step sponsor
- Meditating or praying
- Exercising
- Taking a day off
- Talking with the family
- Scheduling time more rigorously
- Taking time to write about feelings during recovery

Relapse Justifications

Once people decide not to use drugs anymore, how do they end up using again? Do relapses happen completely by accident? Or are there warning signs and ways to avoid relapse?

Relapse justification is a process that happens in people's minds. People may have decided to stop using, but their brains are still healing and still feel the need for the substances. Addicted brains invent excuses that allow people in recovery to edge close enough to relapse situations that accidents can happen. Clients may remember times when they intended to stay substance free but invented justifications for using. Then, before they knew it, they had used again. Family members or loved ones can probably recall times when they resolved to change their behavior (e.g., stop eating desserts or stop swearing) but then thought of reasons why it was OK to go back on their resolution.

Looking at the examples below will help family members understand the types of justifications invented by the addicted brain of a person in recovery. If family members notice these justifications, a relapse may not be far behind.

Someone Else's Fault

Addicted brains can convince people in recovery that they have no choice but to use. These justifications might sound like the following:

- An old friend called, and we decided to get together.
- My partner started using again.
- I had friends come for dinner, and they brought me some wine.
- I was in a bar, and someone offered me a beer.

Catastrophic Events

Sometimes, people in recovery have one unlikely, major event that they feel will give them an excuse to use. This is a kind of safety hatch, reserved for emergencies. These justifications may take the following forms:

- My spouse left me. There's no reason to stay clean.
- I just got injured. It's ruined all of my plans. I might as well use.
- I just lost my job. Why not use?
- There was a death in the family. I can't get through this without using.

For a Specific Purpose

Sometimes people in recovery convince themselves that using drugs or alcohol is the only way to accomplish something. Here are examples of this type of relapse justification:

- I'm gaining weight and need stimulants to control my weight.
- I'm out of energy. I'll function better if I use.
- I need drugs to meet people more easily.
- I can't enjoy sex without using.

Depression, Anger, Loneliness, and Fear

Feeling depressed, angry, lonely, or afraid can make using seem like a good idea. Here are examples of how emotions can be used as justifications for using:

- I'm depressed. What difference does it make whether I use?
- When I get mad enough, I can't control what I do.

- I'm scared. I know if I use, the feeling will go away.
- If my partner thinks I've used, I might as well use.

Substance Dependence Is Cured

People in recovery sometimes convince themselves that they could use just once or use just a little. These justifications might sound like the following:

- I'm back in control. I'll be able to stop when I want to.
- I've learned my lesson. I'll only use small amounts and only once in a while.
- This substance was not my problem—stimulants were. So I can use this and not relapse.

Testing Yourself

It's very easy to forget that being smart, not being strong, is the key to staying abstinent. When people in recovery forget to be smart, they sometimes try to prove that they are stronger than drugs. They justify this decision with the following thoughts:

- I'm strong enough to be around it now.
- I want to see whether I can say "no" to drinking and using.
- I want to see whether I can be around my old friends.
- I want to see how the high feels now that I've stopped using.

Celebrating

On special occasions, people often think it is OK to make an exception to abstinence. They feel that the regular guidelines for recovery can be suspended for a time.

Beware of the following relapse justifications:

Relapse Justifications

- I'm feeling pretty good. One time won't hurt.
- We're on vacation. I'll go back to not using when we get home.
- I'm doing so well. Things are going great. I owe myself a reward.
- This is such a special event that I want to celebrate.

As a family member or loved one of a person in recovery, what might you do when you recognize these excuses to use?

[illegible]

How Relapse Happens

Relapse does not happen without warning, and it does not happen quickly. The gradual movement from abstinence to relapse can be subtle and easily explained away or denied. So a relapse often feels to a person in recovery as if it happens suddenly. This slow movement away from abstinence can be compared to a ship gradually drifting away from where it was moored.

Interrupting Relapse Drift

During recovery people do specific things that keep them abstinent. These activities can be called “mooring lines.” People in recovery and their families and loved ones need to understand what activities support abstinence. People in recovery need to identify these mooring lines in a specific way so they are clear and measurable. These activities are the “ropes” that hold recovery in place and prevent relapse drift from happening without being noticed.

Maintaining Recovery

Following these guidelines will help keep people from drifting out of their recovery and into relapse. Family members and loved ones should understand the process of relapse drift and how the person in recovery can prevent it. The person in recovery should do the following:

- Identify and list four or five *specific* things that help maintain abstinence (e.g., working out for 20 minutes, 3 times a week).
 - Include items such as exercise, writing in a diary, therapist and group appointments, scheduling activities, 12-Step meetings, and eating patterns.
 - Do not list attitudes. They are not as easy to measure as behaviors.

Avoiding Relapse Drift

- Note specific people or places that are known triggers and need to be avoided.
- Inform family members of the activities and behaviors that serve as mooring lines.

Sometimes events interfere with mooring lines. Emergencies and illnesses cannot be controlled. The mooring lines disappear. Many people relapse during these times. The more people know about what keeps their recovery strong, the stronger they will be during difficult times. Family members can help support the person in recovery by being alert to signs of relapse drift. They also can be sure that they are helping the person in recovery keep the mooring lines in place.

Rebuilding Trust

Most people who use substances hide their behavior from those they care about. Deceiving family members is part of their substance use. When this deception comes to light, it erodes the family's trust. People who use substances often have difficulty being honest, especially in their most important relationships. They say and do things that destroy trust and damage relationships.

Spouses, family members, and friends who are affected by the substance use can contribute to the problem. Acting out of fear and anger, they can say and do things that erode the trust in the relationship even further. Two things may help family members begin to rebuild trust. First, it may help them to know what the person in recovery is experiencing. Second, it may help them to learn that addiction is a chronic medical condition, like diabetes.

The first step in restoring trust to a relationship is for people in recovery to stop using drugs and stay abstinent. But trust does not immediately return to a relationship because people in recovery are abstinent. Even if all the people involved want the situation to get better, trust is a feeling that cannot be demanded or willed. People in recovery must provide consistent evidence that they deserve the trust of family members again. Trust usually returns. But people in recovery and family members must be willing to talk openly about the hurt that was done and work together to return to a trusting relationship.

Has trust in your relationship been damaged by stimulant use? How?

Rebuilding Trust

In addition to staying abstinent, what can the person in recovery do to reestablish trust?

What can family members contribute to the process of rebuilding a trusting relationship?

What steps has your family taken to reestablish trust? What steps have been effective? How can you build on those successful efforts?

Rebuilding trust can be frustrating for both people in recovery and their families. Take a minute to imagine the other person's struggle. Family members, imagine that you have worked hard to quit using drugs and change your life and still do not have the full trust of those closest to you. People in recovery, imagine what it feels like to be deceived and have your trusting relationship damaged.

Who Uses Marijuana?

- Marijuana is the most widely used illegal drug. Each year more than 1 out of 10 Americans ages 12 and older use marijuana.
- Each year 2.6 million people try marijuana for the first time. Two-thirds of those people are younger than 18.
- More young people get treatment for marijuana use than for all other illegal drugs combined.
- Two out of every five Americans have tried marijuana.

What Is Marijuana?

- Marijuana is dried parts of the *Cannabis sativa* plant that are usually smoked.
- Marijuana is known as pot, weed, bud, ganja, grass, and chronic, among other names.
- Marijuana cigarettes are called joints.
- Pipes are known as bongs.
- Marijuana cigars are called blunts.
- Marijuana (except for medical uses) has been illegal since 1937.

What Is Medical Marijuana?

- Marijuana has been used to treat pain and nausea, as well as vision loss due to glaucoma.
- In 1985, the U.S. Food and Drug Administration approved Marinol, a medication that contains marijuana's active ingredient.

- Marinol treats the nausea of cancer chemotherapy and the weight loss of AIDS. Marinol is available only by prescription.

What Short-Term Effects Does Marijuana Have?

- THC is the ingredient that produces the marijuana high.
- The high includes a relaxed, euphoric feeling.
- THC can cause
 - Impaired short-term memory
 - Disorientation
 - Poor coordination
 - Confusion
 - Increased heart rate
- The high fades after 1 to 3 hours. Then people may feel sleepy, depressed, or anxious.
- People who use marijuana are more likely to
 - Use heroin and cocaine
 - Get arrested
 - Become addicted to other drugs
 - Develop cancer
 - Be unemployed

What Long-Term Effects Does Marijuana Have?

- Marijuana makes it harder to learn and remember things:
 - Students who use marijuana get lower grades than students who don't use.

Fact Sheet: Marijuana

- Workers who use marijuana have more problems at work than those who don't use.
- Smoking marijuana damages the lungs and can cause
 - Frequent chest colds, bronchitis, and emphysema
 - Lung cancer
- THC makes it harder for the body's immune system to fight infection and disease.

How Does Marijuana Affect Driving?

- Even low doses of marijuana reduce driving ability. Adding alcohol makes things worse.
- Reaction time and coordination are affected even after people stop feeling high.
- Seven percent of all fatal crashes involve marijuana.

What About Using Marijuana During Pregnancy?

- A pregnant woman who smokes marijuana can have a baby with
 - Low birth weight
 - Brain and nerve problems
- Later in life, children exposed to THC during pregnancy can have
 - Trouble learning
 - Trouble making decisions

Is Marijuana Addictive?

- Long-term marijuana use can lead to addiction.
- People are addicted if they keep using marijuana even though it damages their lives.
- Withdrawal can include
 - Cravings for marijuana
 - Crankiness
 - Anxiety
 - Trouble sleeping

How Does Marijuana Affect Recovery?

- People who are heavy users of marijuana are more likely to drink heavily and use illicit drugs.
- Marijuana use increases the risk of relapse to meth use.
- People often use marijuana to avoid personal or family problems.

Making a commitment to recovery requires recognizing and accepting certain realities. Recovery brings all sorts of questions: What happens after the drug and alcohol use stops? Does life eventually go back to normal? Can a person in recovery lead the same lifestyle as a person who has never been addicted? Think about the following principles and how each is relevant to your family relationships, and then answer the questions below:

1. People in recovery need to learn their limits and relapse signals.
2. A person in recovery needs to respond immediately to relapse signals. Family members must understand that avoiding relapse often may take priority over family relationships and plans but that avoiding relapse is in everyone's best interest.
3. A person in recovery has to maintain a balanced lifestyle, more so than if there had been no addiction.
4. Recovery is a process, and all aspects of it, including reestablishing trust, may occur slowly.
5. It is often difficult for family members to live without a guarantee that a relapse will not occur.

In what ways do these principles apply to *your* family situation?

Living With an Addiction

Which principles are (or, in your opinion, will be) most difficult for you to accept?

What problems have you experienced so far in your family relationships during recovery?

If you are a family member of a person in recovery, what could help you live with the reality that your family member is in recovery?

If you are a person in recovery, what do you need your spouse, partner, or family member to understand about the limits an addiction puts on your life?

Why are words so important? What difference does it make how something is said? How is it possible that the listener receives a different message than the speaker intended?

People in families coping with substance use disorders often feel guilty, angry, hurt, and defensive. These feelings can affect seriously the way family members communicate with one another. Negative patterns of interacting often become automatic. Changing these patterns can be difficult for family members. Admitting mistakes, taking responsibility for one's feelings, and being honest with one another can be scary steps to take. However, understanding that positive communication involves skills that can be *learned* is an important first step in improving family relationships.

To learn new ways of talking to other family members and to avoid blaming and arguing, consider the following communication issues. Listen to yourself when you are talking to determine whether you are falling into any of these communication traps.

1. Are You Assuming?

If you believe something to be true without having all the facts, be sure to ask for more information before you react.

2. Are You Hinting?

Ask clearly for what you want or need, and try to accept that your request may not be granted.

3. Are You Giving Double Messages?

Know that facial expressions or body language often convey a message that differs from the speaker's words. Be aware of your own and others' nonverbal cues.

4. Can You Admit a Mistake?

Accept that being understood is more important than being right. Begin to understand each other; do not resort to a power struggle.

5. Do You Use “I” Statements?

Be aware that the tendency to blame and to argue can be stopped if both parties speak clearly from their own experiences and feelings. Begin sentences with “I,” and follow it with descriptions of your own feelings to avoid blaming and arguing with family members.

Paying attention to these issues helps families improve their communication. Clear, positive interactions allow people to increase self-esteem and confidence and pave the road to committed, trusting relationships. Recovery from substance use disorders is a difficult process for both people in recovery and their family members. Positive and trusting family relationships support *everyone* in the recovery process.

When communicating with family members:

Be Polite

Use the same courteous words and tone you would use with a stranger or a coworker. Be aware that “please” and “thank you” can go a long way toward improving family relationships.

Express Positive Feelings

Let other people know what you like about them and the things that they have done. Focus on successes as much as on things that are not going well.

Determine the Importance of an Issue Before Complaining

Ask yourself whether something is worth complaining about. Complain only about things that matter.

Choose an Appropriate Time

Choose settings and times that are conducive to a positive discussion. Don't bring something up when either of you is angry or doesn't have the time to discuss it.

Have a Goal in Mind

Ask yourself, “What am I trying to achieve? What am I looking for? Why do I want these changes? Are they reasonable and achievable?”

Be Specific About Your Complaints

Focus on one thing at a time. Have a specific example of the problem. Be prepared to tell family members precisely what you would like them to do differently. Stay focused, avoid saying “You always...,” and don't bring up other problems.

Request Changes Positively

In a positive way, tell people what is bothering you and what you would like changed. Avoid criticisms, put-downs, and assumptions about motives.

Use “I” Statements

Be aware that saying “I get worried if you don’t call when you’ll be late” leads to a calmer discussion than the statement “You never call when you’re late; you’re so inconsiderate.”

Compromise

Be prepared to discuss solutions that can work for both of you. Don’t declare ultimatums or dismiss the other person’s ideas.

Do Something Nice

Work on your family relationships and help improve communication by doing something nice for other family members. Without being asked or without a special reason, do something that a family member would like or find special. Do it without expecting something in return.

Making a formal commitment to practice communication skills can help you fulfill your good intentions. To avoid overwhelming yourself, choose only one new skill to work on at this time.

Fill out this contract, sign it, and keep it somewhere handy. You may want to share it with other family members and ask for their support, or you may want to keep it to yourself, at least for a while. Either way, refer back to the contract from time to time to renew your commitment.

I, _____, commit to practicing the following communication skill for 1 week:

Signature: _____ Date: _____

Once you have practiced this new skill for a while and are feeling comfortable with it, you may want to choose a new skill to work on.

Communication Skill: _____

Communication Skill: _____